



2828/1#  
PTO/SB/21 (08-00)  
MODIFIED

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/954,495	
	<b>Filing Date</b>	09/10/2001	
	<b>First Named Inventor</b>	Bruce WOODLEY	
	<b>Group Art Unit</b>	2828	
	<b>Examiner Name</b>	Armando Rodriguez	
<b>Total Number of Pages in This Submission</b>	21	<b>Attorney Docket Number</b>	215248.00004

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address and 3.73(b) Statement <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<b>REMARKS</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew J. Bateman Registration No.: 45,573
Signature	<i>Andrew J. Bateman</i>
Date	07/11/2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
Typed or printed name			
Signature		Date	



# FEE TRANSMITTAL for FY 2005

Effective 10/01/2005. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**130.00**

## Complete if Known

Application Number	09/954,495
Filing Date	09/10/2001
First Named Inventor	Bruce WOODLEY
Examiner Name	Armando Rodriguez
Art Unit	2828
Attorney Docket No.	215248.00004

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account

**50-1710**

Account Name

**KATTEN MUCHIN ROSENMAN, LLP**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge above Deposit Account with any additional fees necessary UNDER 37 CFR 1.16 AND/OR 1.17 to maintain pendency of this application.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
1001 300	2001 150			Utility Filing Fee	
1111 500	2111 250			Utility Search Fee	
1311 200	2311 100			Patent Examination Fee	
SUBTOTAL (1)					(\$) <b>0.00</b>

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims		Fee		Fee Paid
Total Claims	- 20** =		X	
Independent	- 3** =		X	
Multiple Dependent				
				<b>360.00</b>

Large Entity		Small Entity		Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25			Claims in excess of 20
1201 200	2201 100			Independent claims in excess of 3
1203 360	2203 180			Multiple dependent claim, if not paid
1204 200	2204 100			** Reissue independent claims over original patent
1205 50	2205 25			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0.00**

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Description	Fee Paid
Fee Code \$	Fee Code \$	Fee Code \$	Fee Code \$		
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 120	2251 60			Extension for reply within first month	
1252 450	2252 225			Extension for reply within second month	
1253 1,020	2253 510			Extension for reply within third month	
1254 1,590	2254 795			Extension for reply within fourth month	
1255 2,160	2255 1,080			Extension for reply within fifth month	
1401 500	2401 250			Notice of Appeal	
1402 500	2402 250			Filing a brief in support of an appeal	
1403 1,000	2403 500			Request for oral hearing	
1451 1,510	1451 1,510			Petition to institute a public use proceeding	
1452 500	2452 250			Petition to revive - unavoidable (1.17(l))	
1453 1,500	2453 750			Petition to revive - unintentional (1.17(m))	
1501 1,400	2501 700			Utility issue fee (or reissue)	
1502 800	2502 400			Design issue fee	
1503 1,100	2503 550			Plant issue fee	
1460 130	1460 130			Petitions to the Director	
1807 50	1807 50			Processing fee - provisional app (1.17(q))	
1806 180	1806 180			Submission of Information Disclosure Stmt	
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	
1809 790	2809 395			Filing a submission after final rejection (1.129(a))	
1814 130	2814 65			Statutory Disclaimer	130.00
1801 790	2801 395			Request for Continued Examination (RCE)	
1802 900	1802 900			Req for expedited examination - Design App	
Other fee (specify)					
SUBTOTAL (3)					(\$) <b>130.00</b>

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

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Date: 07/11/2005